

10/519781

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

Repln. Ref: 06/28/2005 DCOTTMAN 0014571000  
DAB: 003040 Name/Number: 10519781  
FC: 9204 \$100.00 CR

01/10/2005 GFREY1 00000068 10519781

|            |           |
|------------|-----------|
| 01 FC:1631 | 300.00 OP |
| 02 FC:1632 | 500.00 OP |
| 03 FC:1633 | 200.00 OP |

06/28/2005 DCOTTMAN 00000001 10519781

01 FC:1642

400.00 OP

Adjustment date: 06/28/2005 DCOTTMAN  
01/10/2005 GFREY1 00000068 10519781  
02 FC:1632 -500.00 OP

CCCCC°°C°°C°°RyR°°DSs

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                                 |           |   |   |    |   |   |   |   |
|---|-----------------------------------|---|---------------------------------|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/27/05</u>                     |                                   | 2 Serial/Patent # <u>10/51978/</u>  |                                 |           |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED                 | 6 AMOUNT  |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Filing                            |   |                                 | \$ 100.00 |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Amendment                         |   |                                 | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Extension of Time                 |   |                                 | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |   |                                 | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Petition                          |   |                                 | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Issue                             |   |                                 | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |   |                                 | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Maintenance                       |   |                                 | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Assignment                        |   |                                 | \$        |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Other                             |   |                                 | \$        |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT<br>OF REFUND   |                                 |           |   |   |    |   |   |   |   |
|   |                                   | 8 TO BE REFUNDED BY:  |                                 |           |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | Treasury Check  |                                 |           |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Overpayment                       | Credit Deposit A/C #:   |                                 |           |   |   |    |   |   |   |   |
| <input type="checkbox"/>                              | Duplicate Payment                 | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>8</td><td>--</td><td>3</td><td>0</td><td>4</td><td>0</td></tr></table> |                                 |           | 0 | 8 | -- | 3 | 0 | 4 | 0 |
| 0   | 8                                 | --  | 3                               | 0         | 4 | 0 |    |   |   |   |   |
| <input type="checkbox"/>                              | No Fee Due (Explanation):         |   |                                 |           |   |   |    |   |   |   |   |
|   |                                   |   |                                 |           |   |   |    |   |   |   |   |
|   |                                   |   |                                 |           |   |   |    |   |   |   |   |
|   |                                   |   |                                 |           |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |                                 |           |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Darryl Cotter</u>              |                                   |   | TITLE: <u>Paralegal</u>         |           |   |   |    |   |   |   |   |
| SIGNATURE:  |                                   |   | PHONE: <u>703-305-9140</u> x202 |           |   |   |    |   |   |   |   |
| OFFICE: _____   |                                   |   |                                 |           |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                                 |           |   |   |    |   |   |   |   |
| APPROVED: _____ DATE: _____                           |                                   |   |                                 |           |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*